

Form 990  
Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008  
Open to Public Inspection

## A For the 2008 calendar year, or tax year beginning 04-01-2008 and ending 03-31-2009

B Check if applicable

Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization  
ENGINEERS JT WEL FD LCL UNIONS 17  
106 410 463 545 832 TUOE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite  
101 INTREPID LA PO BOX 100 COLVIN

City or town, state or country, and ZIP + 4  
SYRACUSE, NY 13205

D Employer identification number

15-0582931

E Telephone number

(315) 492-1796

G Gross receipts \$ 33,562,210

F Name and address of Principal Officer

H(a) Is this a group return for affiliates?  
 Yes  No

H(b) Are all affiliates included?  
 Yes  No  
(If "No," attach a list See instructions )

H(c) Group Exemption Number ►

I Tax-exempt status  501(c) ( 9 ) (insert no )  4947(a)(1) or  527

J Website: ► N/A

K Type of organization  Corporation  trust  association  other ►

L Year of Formation 1957

M State of legal domicile NY

## Part I Summary

1 Briefly describe the organization's mission or most significant activities

TO PROVIDE HEALTH CARE AND OTHER BENEFITS TO ELIGIBLE PARTICIPANTS

2 Check this box  if the organization discontinued its operations or disposed of more than 25% of its assets

3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	10
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	10
5 Total number of employees (Part V, line 2a) . . . . .	5	23
6 Total number of volunteers (estimate if necessary) . . . . .	6	
7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . . .	7a	12,960
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	11,960

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g) . . . . .		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	25,938,465	30,050,449
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,916,767	-38,794,468
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,855,232	-8,744,019

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)	24,264,319	24,831,435
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	966,719	1,531,887
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b (Total fundraising expenses, Part IX, column (D), line 25 0 )		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,300,528	427,459
18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))	26,531,566	26,790,781
19 Revenue less expenses Subtract line 18 from line 12	4,323,666	-35,534,800

20 Total assets (Part X, line 16)	61,576,503	24,301,297
21 Total liabilities (Part X, line 26)	3,875,993	3,648,129
22 Net assets or fund balances Subtract line 21 from line 20	57,700,510	20,653,168

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please Sign Here

\*\*\*\*\*  
Signature of officer

2009-11-23

Date

DANIEL HARRIGAN FUND MANAGER

Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► SCHULTHEIS PANETTIERI LLP	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's PTIN (See Gen Inst )
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► Schultheis & Panettieri LLP 210 Marcus Boulevard Hauppauge, NY 117883740		EIN ►	Phone no ►

**Part III Statement of Program Service Accomplishments** (See the instructions.)

**1** Briefly describe the organization's mission

TO PROVIDE HEALTH CARE AND OTHER BENEFITS TO ELIGIBLE PARTICIPANTS

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting or make significant changes in how it conducts any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code) (Expenses \$) including grants of \$) (Revenue \$) )  
TO PROVIDE HEALTH CARE AND OTHER BENEFITS TO ELIGIBLE PARTICIPANTS

**4b** (Code) (Expenses \$) including grants of \$) (Revenue \$) )

**4c** (Code) (Expenses \$) including grants of \$) (Revenue \$) )

**4d** Other program services (Describe in Schedule O)  
(Expenses \$) including grants of \$) (Revenue \$) )

**4e** Total program service expenses \$ *Must equal Part IX, Line 25, column (B).*

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .

2 Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .

5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .

6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II . . . . .

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .

10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .

11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .

12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .

13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

14a Did the organization maintain an office, employees, or agents outside of the U S ? . . . . .

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I . . . . .

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II . . . . .

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .

17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I . . . . .

18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .

19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .

21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .

22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .

23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J . . . . .

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 . . . . .

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .

25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .

b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I . . . . .

26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . . . . .

	<b>Yes</b>	<b>No</b>
<b>1</b>		No
<b>2</b>		No
<b>3</b>		No
<b>4</b>		No
<b>5</b>		No
<b>6</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		No
<b>10</b>		No
<b>11</b>	Yes	
<b>12</b>	Yes	
<b>13</b>		No
<b>14a</b>		No
<b>14b</b>		No
<b>15</b>		No
<b>16</b>		No
<b>17</b>		No
<b>18</b>		No
<b>19</b>		No
<b>20</b>		No
<b>21</b>		No
<b>22</b>		No
<b>23</b>	Yes	
<b>24a</b>		No
<b>24b</b>		No
<b>24c</b>		No
<b>24d</b>		No
<b>25a</b>		No
<b>25b</b>		No
<b>26</b>		No
<b>27</b>		No

**Part IV Checklist of Required Schedules (Continued)**

**28** During the tax year, did any person who is a current or former officer, director, trustee, or key employee

- a** Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
- b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
- c** Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV

**29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

**30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

**31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

**32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

**33** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

**34** Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

**35** Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

**36** 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

**37** Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

	Yes	No
<b>28a</b>		No
<b>28b</b>		No
<b>28c</b>		No
<b>29</b>		No
<b>30</b>		No
<b>31</b>		No
<b>32</b>		No
<b>33</b>		No
<b>34</b>	Yes	
<b>35</b>		No
<b>36</b>		No
<b>37</b>		No

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	2,564
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	23
<b>2b</b>	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
<b>4b</b>	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	4b	No
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>5c</b>	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c	No
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?	6a	No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	No
<b>7</b>	<i>Organizations that may receive deductible contributions under section 170(c).</i>	7a	No
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7b	No
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	No
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	No
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	No
<b>8</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	No
<b>9</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>	9a	No
<b>9a</b>	Did the organization make any taxable distributions under section 4966?	9b	No
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	10a	No
<b>10</b>	<i>Section 501(c)(7) organizations.</i> Enter	10b	No
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12	11a	No
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11b	No
<b>11</b>	<i>Section 501(c)(12) organizations.</i> Enter	12a	No
<b>11a</b>	Gross income from members or shareholders	12b	No
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	12b	No
<b>12a</b>	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?	12b	No
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

**Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)****Section A. Governing Body and Management**

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body . . .	1a	10
b Enter the number of voting members that are independent . . .	1b	10
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	No
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	4	No
5 Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5	Yes
6 Does the organization have members or stockholders? . . . . .	6	No
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	No
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a the governing body? . . . . .	8a	Yes
b each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9a Does the organization have local chapters, branches, or affiliates? . . . . .	9a	No
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	9b	No
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	10	Yes
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	11	No

**Section B. Policies**

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No", go to line 13 . . . . .	12a	Yes
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	Yes
13 Does the organization have a written whistleblower policy? . . . . .	13	No
14 Does the organization have a written document retention and destruction policy? . . . . .	14	No
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
a The organization's CEO, Executive Director, or top management official? . . . . .	15a	No
b Other officers or key employees of the organization? . . . . .	15b	No
Describe the process in Schedule O		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	No
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	No

**Section C. Disclosure**

17 List the States with which a copy of this Form 990 is required to be filed \_\_\_\_\_

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
 own website  another's website  upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 THE FUND  
 101 INTREPID LANE  
 SYRACUSE, NY 132050100  
 (315) 492-1796

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

\* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid

\* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

\* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

\* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
THOMAS CHARLES , UNION TRUSTEE	1 00	X					0	0	0
TERRY HOGLE , UNION TRUSTEE	1 00	X					0	0	0
ROCKNE BURNS , CHRMN EMP TSEE	1 00	X					0	0	0
ROBERT JONES , UNION TRUSTEE	1 00	X					0	0	0
ROBERT HILL , EMP TRUSTEE	1 00	X					0	0	0
PAUL MCCOLLUM - EFF 9108 , UNION TRUSTEE	1 00	X					0	0	0
MARK KIRSCH - THRU 508 , UNION TRUSTEE	1 00	X					0	0	0
JAMES C LOGAN , EMP TRUSTEE	1 00	X					0	0	0
EUGENE HALLOCK III , EMP TRUSTEE	1 00	X					0	0	0
EARL N HALL , EMP TRUSTEE	1 00	X					0	0	0
DANIEL MCGRAW - EFF 508 , UNION TRUSTEE	1 00	X					0	0	0
DANIEL HARRIGAN , FUND MANAGER	35 00		X				129,941	12,000	24,253
CYNTHIA STEGER , ASST FD MANAGER	35 00		X				94,289	0	24,253
CLYDE JOHNSTON-THRU 9108 , UNION TRUSTEE	1 00	X					0	0	0

**Part VII** **Continued**

<b>(A)</b> Name and Title	<b>(B)</b> Average hours per week	<b>(C)</b> Position (check all that apply)					<b>(D)</b> Reportable compensation from the organization (W- 2/1099MISC)	<b>(E)</b> Reportable compensation from related organizations (W- 2/1099- MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
<b>1b Total</b>							224,230	12,000	48,506

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **1**

	<b>Yes</b>	<b>No</b>
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	<b>3</b>	No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	<b>4</b>	Yes
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	<b>5</b>	No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

<b>(A)</b> Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
JP JEANNERET 100 EAST WASHINGTON ST SYRACUSE, NY 13202	INVESTMENT MGMT	247,821
BEACON ASSOCIATES LLC I 123 MAIN STREET SUITE 900 WHITE PLAINS, NY 10601	INVESTMENT MGMT	195,670
<b>2</b> Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization <b>2</b>		2

Part  
VIII

## Statement of Revenue

		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	<b>1a</b> Federated campaigns . . . <b>1a</b>				
	<b>b</b> Membership dues . . . . <b>1b</b>				
	<b>c</b> Fundraising events . . . . <b>1c</b>				
	<b>d</b> Related organizations . . . <b>1d</b>				
	<b>e</b> Government grants (contributions) <b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____	0			
	<b>h</b> <b>Total (Add lines 1a-1f)</b> . . . . . <b>►</b>	0			
Program Service Revenue	Business Code				
			<b>2a</b> PARTICIPANTS CONTRIBUTION	3,888,790	3,888,790
	<b>b</b> EMPLOYERS CONTRIBUTIONS	26,161,659	26,161,659		
	<b>c</b>				
	<b>d</b>				
	<b>e</b>				
	<b>f</b> All other program service revenue				
	<b>g</b> <b>Total. Add lines 2a-2f</b> . . . . . <b>►</b> \$ 30,050,449				
<b>3</b> Investment income (including dividends, interest other similar amounts) . . . . . <b>►</b>	518,309			518,309	
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . <b>►</b>	0				
<b>5</b> Royalties . . . . . <b>►</b>	0				
	(i) Real	(ii) Personal			
<b>6a</b> Gross Rents					
<b>b</b> Less rental expenses					
<b>c</b> Rental income or (loss)					
<b>d</b> Net rental income or (loss) . . . . . <b>►</b>	0				
	(i) Securities	(ii) Other			
<b>7a</b> Gross amount from sales of assets other than inventory	2,993,452				
<b>b</b> Less cost or other basis and sales expenses	30,121,341	12,184,888			
<b>c</b> Gain or (loss)	-27,127,889	-12,184,888			
<b>d</b> Net gain or (loss) . . . . . <b>►</b>	-39,312,777		12,960	-39,325,737	
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . <b>a</b>					
<b>b</b> Less direct expenses . . . <b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . . <b>►</b>	0				
<b>9a</b> Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000					
<b>a</b>					
<b>b</b> Less direct expenses . . . <b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . . <b>►</b>	0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>					
<b>b</b> Less cost of goods sold . . . <b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . . <b>►</b>	0				
Miscellaneous Revenue		Business Code			
<b>11a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b> All other revenue _____					
<b>e</b> <b>Total. Add lines 11a-11d</b> . . . . . \$ 0					
<b>12</b> <b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . <b>►</b>	-8,744,019	30,050,449	12,960	-38,807,428	

**Part IX Statement of Functional Expenses****Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
<b>2</b> Grants and other assistance to individuals in the U S See Part IV, line 22	0			
<b>3</b> Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
<b>4</b> Benefits paid to or for members	24,831,435			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	286,719			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages	818,311			
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	197,720			
<b>9</b> Other employee benefits . . . . .	152,711			
<b>10</b> Payroll taxes . . . . .	76,426			
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	91,519			
<b>c</b> Accounting . . . . .	50,000			
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising See Part IV, line 17 . . .	0			
<b>f</b> Investment management fees . . . . .	447,377			
<b>g</b> Other . . . . .	58,201			
<b>12</b> Advertising and promotion . . . . .	0			
<b>13</b> Office expenses . . . . .	75,296			
<b>14</b> Information technology . . . . .	0			
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	92,954			
<b>17</b> Travel . . . . .	0			
<b>18</b> Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .	0			
<b>19</b> Conferences, conventions and meetings . . . . .	22,883			
<b>20</b> Interest . . . . .	0			
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	11,423			
<b>23</b> Insurance . . . . .	48,380			
<b>24</b> Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
<b>a</b> TELEPHONE	4,866			
<b>b</b> REIMBURSED P/R, TAXES AND BENE	-560,371			
<b>c</b> PRINTING & POSTAGE	52,516			
<b>d</b> COMPUTER EQUIPMENT & PROGRAMMING	32,415			
<b>f</b> All other expenses	0			
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f	26,790,781	0	0	0
<b>26</b> <b>Joint Costs.</b> Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year	(B) End of year
1	Cash—non-interest-bearing . . . . .	14,163	13,754
2	Savings and temporary cash investments . . . . .	6,273,567	9,284,326
3	Pledges and grants receivable, net . . . . .	3	0
4	Accounts receivable, net . . . . .	1,937,016	1,945,531
5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .	5	0
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .	6	0
7	Notes and loans receivable, net . . . . .	7	0
8	Inventories for sale or use . . . . .	8	0
9	Prepaid expenses and deferred charges . . . . .	9	0
10a	Land, buildings, and equipment cost basis	10a	226,378
b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .	10b	213,830
11	Investments—publicly traded securities . . . . .	23,971	10c
12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .	21,396,806	12
13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .	13	0
14	Intangible assets . . . . .	14	0
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . .	176,095	15
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	61,576,503	16
17	Accounts payable and accrued expenses . . . . .	125,449	17
18	Grants payable . . . . .	18	
19	Deferred revenue . . . . .	19	
20	Tax-exempt bond liabilities . . . . .	20	
21	Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .	21	
22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .	22	
23	Secured mortgages and notes payable to unrelated third parties . . . . .	23	
24	Unsecured notes and loans payable . . . . .	24	
25	Other liabilities <i>Complete Part X of Schedule D</i> . . . . .	3,750,544	25
26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	3,875,993	26
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
27	Unrestricted net assets . . . . .	27	
28	Temporarily restricted net assets . . . . .	28	
29	Permanently restricted net assets . . . . .	29	
<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>			
30	Capital stock or trust principal, or current funds . . . . .	30	
31	Paid-in or capital surplus, or land, building or equipment fund . . . . .	31	
32	Retained earnings, endowment, accumulated income, or other funds . . . . .	57,700,510	32
33	Total net assets or fund balances . . . . .	57,700,510	33
34	Total liabilities and net assets/fund balances . . . . .	61,576,503	34

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	2a	No
b	Were the organization's financial statements audited by an independent accountant? . . . . .	2b	Yes
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	3a	No
b	If "Yes," did the organization undergo the required audit or audits? . . . . .	3b	No

**SCHEDULE D**

(Form 990)

Department of the  
Treasury  
Internal Revenue  
Service**Supplemental Financial Statements**

OMB No 1545-0047

► Attach to Form 990. To be completed by organizations that  
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**2008****Open to Public  
Inspection****Name of the organization**ENGINEERS JT WEL FD LCL UNIONS 17  
106 410 463 545 832 1UOE**Employer identification number**

15-0582931

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate Contributions to (during year)		
3 Aggregate Grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically importantly land area

Protection of natural habitat  Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

**a**  Public exhibition  
**b**  Scholarly research  
**c**  Preservation for future generations

**d**  Loan or exchange programs  
**e**  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain why in Part XIV and complete the following table

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Investment earnings or losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the year end balance held as

**a** Board designated or quasi-endowment ►

**b** Permanent endowment ►

**c** Term endowment ►

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

**(i)** unrelated organizations . . . . .  
**(ii)** related organizations . . . . .

Yes	No
3a(i)	
3a(ii)	
3b	

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land . . . . .					
<b>b</b> Buildings . . . . .					
<b>c</b> Leasehold improvements . . . . .					
<b>d</b> Equipment . . . . .		226,378	213,830	12,548	
<b>e</b> Other . . . . .					
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .					12,548

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12.) ►	<b>9,161,040</b>	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13.) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.)	• • • • • • • • • • • • ►

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
SECURITIES SOLD NOT YET PURCHASED	132,550
DUE TO RELATED ORGANIZATIONS	388,642
BENEFIT OBLIGATIONS CURRENTLY PAYABLE	3,042,400
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.) ►	3,563,592

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1 Total revenue (Form 990, Part VIII, column (A), line 12)	2	-8,744,019
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	26,790,781
3 Excess or (deficit) for the year Subtract line 2 from line 1	2	-35,534,800
4 Net unrealized gains (losses) on investments	4	-1,512,542
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	-380,900
9 Total adjustments (net) Add lines 4 - 8	9	-1,893,442
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-37,428,242

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue, gains, and other support per audited financial statements	1	-10,703,938
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	-10,703,938
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	447,377
b Other (Describe in Part XIV)	4b	1,512,542
c Add lines 4a and 4b	4c	1,959,919
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 )	5	-8,744,019

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements	1	26,724,304
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Losses reported on Form 990, Part IX, line 25	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	26,724,304
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	447,377
b Other (Describe in Part XIV)	4b	-380,900
c Add lines 4a and 4b	4c	66,477
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 )	5	26,790,781

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part XII, Line 4b	Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	UNREALIZED DEPRECIATION OF INVESTMENTS \$1512542
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	CHANGE IN CLAIMS PAYABLE & IBNR \$ -380900

**Part XIV      Supplemental Information(continued)**

Identifier	Return Reference	Explanation
Part XII, Line 4b	Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	UNREALIZED DEPRECIATION OF INVESTMENTS \$1512542
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	CHANGE IN CLAIMS PAYABLE & IBNR \$ -380900

**Schedule J**  
(Form 990)Department of the  
Treasury  
Internal Revenue  
Service**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
► Attach to Form 990. To be completed by organizations  
that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

**2008****Open to Public  
Inspection****Name of the organization**ENGINEERS JT WEL FD LCL UNIONS 17  
106 410 463 545 832 IUOE**Employer identification number**

15-0582931

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

**a** Receive a severance payment or change of control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

See Additional Data Table

Identifier	Return Reference	Explanation
Sch J, Part I, Line 1a	Part I, Line 1a Relevant information in regards to selections on 1a	

**Software ID:** 08000091  
**Software Version:** 2008v2.7  
**EIN:** 15-0582931  
**Name:** ENGINEERS JT WEL FD LCL UNIONS 17  
106 410 463 545 832 IUOE

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

Identifier	Return Reference	Explanation
Sch J, Part I, Line 1a	Part I, Line 1a Relevant information in regards to selections on 1a	

2008

Open to Public  
Inspection**SCHEDULE O  
(Form 990)**Department of the  
Treasury  
Internal Revenue  
Service**Supplemental Information to Form 990****► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.****Name of the organization**ENGINEERS JT WEL FD LCL UNIONS 17  
106 410 463 545 832 IUOE**Employer identification number**

15-0582931

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO ALL PARTICIPANTS UPON REQUEST NO DOCUMENTS ARE AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	PERIODIC REVIEW OF THE CONFLICT OF INTEREST POLICY SHALL BE PERFORMED

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	THE FORM 990 WAS PREPARED IN COORDINATION WITH THE FUND ADMINISTRATOR WHO WORKS FULL TIME FOR THE ORGANIZATION. ONCE COMPLETE, THE FORM WAS PROVIDED TO AND REVIEWED BY THE BOARD OF TRUSTEES PRIOR TO SUBMISSION

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 5	Form 990, Part VI, Line 5 Description of Material Diversion of Assets	ON DECEMBER 11, 2008, BERNARD MADOFF, OWNER OF BERNARD L. MADOFF INVESTMENT SECURITIES, LLC ("BLMIS") WAS ARRESTED AND CHARGED WITH CRIMINAL SECURITIES FRAUD. THE CRIMINAL COMPLAINT ALLEGES INVESTORS' LOSSES OF \$50 BILLION WHICH INCLUDES THE ALLEGED FALSE PROFITS THAT BLMIS MAY HAVE REPORTED TO ITS CUSTOMERS FOR DECADES SUBSEQUENT TO MR. MADOFF'S ARREST. THE COURT FROZE THE ASSETS OF BERNARD MADOFF AND HIS FIRM AND APPOINTED A RECEIVER PURSUANT TO THE SECURITIES INVESTOR PROTECTION ACT WHO IS EXPECTED TO LIQUIDATE THE BROKERAGE FIRM AND DISTRIBUTE AVAILABLE ASSETS. THE SECURITIES INVESTOR PROTECTIONS CORPORATION ("SIPC") MAY PAY UP TO \$500,000 TO EACH INVESTOR OF BLMIS DURING THE YEAR ENDED MARCH 31, 2009. THE PLAN VALUED THE INVESTMENTS RELATING TO BLMIS AT ZERO. IN ADDITION, ALL INCOME AND LOSSES ASSOCIATED WITH MADOFF INVESTMENTS FOR THE PERIOD THEN ENDED WERE RECORDED AS REALIZED REALIZED LOSS AS OF MARCH 31, 2009 WAS \$38,840,056

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**SCHEDULE R**  
**(Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

## Open to Public Inspection

► **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**  
► See separate instructions.

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

ENGINEERS JT WEL FD LCL UNIONS 1  
106 410 463 545 832 IUOE

**Employer identification number**

15-058293:

## **Part I Identification of Disregarded Entities**

## **Part II Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
ENG JT TRNG RE-TRNGSKILL IMP & APPR FD  101 INTREPID LANE SYRACUSE, NY13205 16-0954711	EDUCATION TO PARTIC	NY	501(C)3	9	N/A
ENG JT PEN FD LCLS 17410463545832  101 INTREPID LANE SYRACUSE, NY13205 15-0614642	RETIREMENT BENEFITS TO PARTIC	NY	501(A)	N/A	N/A

**Part III Identification of Related Organizations Taxable as a Partnership**

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

**Part V Transactions with Related Organizations****Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	<b>Yes</b>	<b>No</b>
1a		<b>No</b>
1b		<b>No</b>
1c		<b>No</b>
1d		<b>No</b>
1e		<b>No</b>
1f		<b>No</b>
1g		<b>No</b>
1h		<b>No</b>
1i	<b>Yes</b>	
1j		<b>No</b>
1k		<b>No</b>
1l		<b>No</b>
1m	<b>Yes</b>	
1n	<b>Yes</b>	
1o		<b>No</b>
1p	<b>Yes</b>	
1q		<b>No</b>
1r		<b>No</b>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

<b>(A)</b> Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> Amount Involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

## Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.